



### Independent Study Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Degree EdD CAGS MA MAT MBA MEd MS BA BS BFA Certificate

Major \_\_\_\_\_ Concentration/Option \_\_\_\_\_

Major \_\_\_\_\_ Concentration/Option \_\_\_\_\_

Title (27 Characters or Less) – IS \_\_\_\_\_ Instructor \_\_\_\_\_

Discipline Code – \_\_\_\_\_ Course # \_\_\_\_\_ Credits \_\_\_\_\_

Term/terms in which independent study will be taken: Fall Winter Spring Summer Year \_\_\_\_\_

**\*Please attach additional sheets to this form if more space is required in any category.\***

**Objectives** – What are the specific learning outcomes which will result from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure** – What specifically will the student do to meet those outcomes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Bibliography**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Coordinator/Designee \_\_\_\_\_  
Signature/date

*Please return this form to the registrar's office in Speare via the methods noted below.*

Processed by: \_\_\_\_\_ Date \_\_\_\_\_ 3/2019